Effective on 12/8/04.	Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		
FEE TRANSMITTAL	Application Number	09/954,596
	Filing Date	9/12/2001
For FY 2005	First Named Inventor	Gunzinger, Anton
	Examiner Name	Ellis, Richard
[X] Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2183
TOTAL AMOUNT OF PAYMENT ($)475.00	Attorney Docket No.	FREI.P-033-2

METHOD OF PAYMENT (check all that apply)

[ ] Check [X] Credit Card [ ] Money Order [ ] None [ ] Other (please identify):_____

[X] Deposit Account   Deposit Account Number:_____15-0610_____   Deposit Account Name:_____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[ ] Charge fee(s) indicated below   [ ] Charge fee(s) indicated below, **except for the filing fee**

[X] Charge any additional fee(s) or underpayments of fee(s) [X] Credit any overpayments
   under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		**Small Entity**		**Small Entity**	
Application Type	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fees Paid ($)**
Utility							
Design							
Plant							
Reissue							
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description					**Fee ($)**	**Small Entity Fee ($)**
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent					18	9
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent					88	44
Multiple dependent claims					300	150

Total Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**	**Multiple Dependent Claims**	
_____ - 20 or HP = _____	x _____	= _____		**Fee ($)**	**Fee Paid ($)**
HP = highest number of total claims paid for, if greater than 20				_____	_____

Indep. Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**
_____ - 3 or HP = _____	x _____	= _____	
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $_____ ($ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).
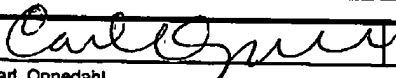
Total Sheets	**Extra Sheets**	**Number of each additional 50 or fraction thereof**	**Fee ($)**	**Fee Paid ($)**
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, $130 fee (no small entity discount)   **Fees Paid ($)**

Other:_____

SUBMITTED BY				
Signature	*[signature]*	Registration No. (Attorney/Agent) 32748	Telephone	970-468-6600
Name (Print/Type)	Carl Oppedahl		Date	December 23, 2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.